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CONFIRMATION NO. 3944

<b>SERIAL NUMBER</b> 10/508,806	<b>FILING OR 371(c) DATE</b> 09/21/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> BAW-0010
<b>APPLICANTS</b> Armin Bernhard, Wien, AUSTRIA; <i>CF</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE03/00919 03/20/2003 <i>CF</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 12 726.3 03/21/2002 <i>CF</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>cf</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23413				
<b>TITLE</b> Acoustic sensor for an implantable hearing aid				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	